FORM D



RECEIVED SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 DEC 0 3

## FORM D

NOTICE OF SALE OF SECURÎT H PURSUANT TO REGULATION **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
QMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ige burden
hours per respo	nse 16.00

SEC USI	E ONLY
Prefix	Serial
DATE RE	CEIVED
	1

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  (curerlible Monissory Note and Warra	wd
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	
Type of Filing: New Filing Amendment	
· · · · · · · · · · · · · · · · · · ·	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Big Car, Tuc.  Address of Executive Offices 1 Number and Street, City, State, Zip Code)	
Address of Executive Offices Avenue Palo Allo, CA 94501	Telephone Number (Including Area Code)
125 Coloredo norme pelo pilo, ex 79501	650-823-0094
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)  Same as Above	650-823-0094
Brief Description of Business	
Settlease Product a Services	PROCESSEL
Type of Business Organization	= ann
	lease specify): DEC 1 7 2002
business trust limited partnership, to be formed	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of	of, 10% or more of	a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and man	aging partners of	partnership issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Siray Radiavav  Full Name (Last name first, if individual)		
122 Colosado Avenue		
Business or Residence Address (Number and Street, City, State, Zip Code)  Palo AHO, CA 94301  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or
Taxob, George		Managing Partner
Full Name (Last name first if individual)		
7 Halnoon Street		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Somerville, MA 02145		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
	<b>A</b> 2.1.00.0.	Managing Partner
Mather Anitable Full Name (Last name first, if individual)		
11 Aura Circle Apt 301		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Towson, MD 71786  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
Abraham, Jacob	A Survey	Managing Partner
Full Name (Last name first, if individual)		
^		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Austin, TX 78746		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
( ) [ ] ( ) [ ] ( ) [ ] ( ) [ ]		Managing Partner
Full Name (Last name first, if individual)		
,		
Business or Residence Address (Number and Street, City, State, Zip Code)		
(,,,,,,,		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or
		Managing Partner
Full Name (Last name first, if individual)		
(Sass same field)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
(Namon and Shoot, Only, State, 214 Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or
Delivery Chief		Managing Partner
Full Name (Last name first, if individual)		
, ————————————————————————————————————		
Business or Residence Address (Number and Street, City, State, Zip Code)		

Answer also in Appendix, Column 2, if filing under ULOE.   Answer also in Appendix, Column 2, if filing under ULOE.   SQUOD
Answer also in Appendix, Column 2, if filling under ULOE.  2. What is the minimum investment that will be accepted from any individual?
2. What is the minimum investment that will be accepted from any individual?
3. Does the offering permit joint ownership of a single unit?
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed as an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  **Pushess or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer enjoy.  Full Name (Last name first, if individual)  JAL  Bushess or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)
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a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  All States  All Ak AZ AR CA CO CT DE DC FL GA HI DD MA MI SC SD DE NO DE
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)
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MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)
RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)
NA
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
AL AK AZ AR CA CO CT DE DC FL GA HI ID
IL IN IA KS KY LA ME MD MA MI MN MS MO
MT NE NV NH NJ NM NY NC ND OH OK OR PA

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Pri	
	Debt	0	s 0
	Equity		\$ O
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	MA	5495,000
	Partnership Interests		s
	Other (Specify)	0	s <i>O</i>
	Total	0	\$495,000
	Answer also in Appendix, Column 3, if filing under ULOE.		,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ <u>495,000</u>
	Non-accredited Investors	o_	\$ <u> </u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	T. COM.	Type of	Dollar Amount
	Type of Offering	Security <i>O</i>	Sold
	Rule 505		- \$ <u>0</u>
	Regulation A		_ \$
	Rule 504	<del></del>	\$
	Total	$\mathcal{C}$	\$ <u>C</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	•••••	os o
	Printing and Engraving Costs		v \$ 100
	Legal Fees		V \$5,000
	Accounting Fees		s O
	Engineering Fees		_ \$
	Sales Commissions (specify finders' fees separately)	••••	S 0
	Other Expenses (identify)	••••••	s 0
	Total		\$ 5,100

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCE	EDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			s 48°	9,900
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.				•
		C Dir	ements to officers, ectors, & filiates	-	yments to Others
	Salaries and fees	]\$_		□\$_	0
	Purchase of real estate	] \$	0	\$_	0
	Purchase, rental or leasing and installation of machinery and equipment	]\$_	0	\$	0
	Construction or leasing of plant buildings and facilities			_ \$_	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_ ] <b>\$</b>	0		0
	Repayment of indebtedness	ק\$	0	□\$	0
	Working capital	_ 7\$_		TX\$4	195,000
		]\$_	0		0
		]\$_	0	\$	0
	Column Totals [		0	ts_	495,000 000
	Total Payments Listed (column totals added)		<b>Z</b> /\$_	495,0	<u> </u>
	D. FEDERAL SIGNATURE				
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, 1	upon writte		
ss	uer (Print or Type)	) ate	<del></del>		7
1	Big Oat, Inc.		Nov	2401	/
٧a	me of Signer (Print or Type)  Title of Signer (Print or Type)		<del></del>		<del></del>
	me of Signer (Print or Type)  Title of Signer (Print or Type)  President				
_					

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# E. STATE SIGNATURE Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes provisions of such rule?

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
Big Out, Inc.	Mary	my gyor	
Name (Print or Type)	Title (Print or Type)		
Sriram Raghavan	President		_

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX									
1	Intendation to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK								i	
AZ									
AR			(1)						
CA	)	X	securlies (MA)	7	130,000	0	0		0
со		}							
СТ			(1)0						
DE	)	X	convertible securities (W)	1	50,000	0	0		0
DC									
FL									
GA									
ні									
ID									
IL							ı		
IN									
IA									
KS									
KY									
LA									
ME									
MD			0/11/0						
MA	)	X	securités (MA)	1	250,000	0	0		0
MI									
MN									
MS									

	APPENDIX								
1	Intend to non-a investor	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH			e edible						
(ED)		×	securities full	) 1	5000	0	0		X
NM									
NY									
NC									
ND									
ОН									
OK			/anverlible						
(OR)		X	Securities (M	1A) I	25,000	0	0		X
PA									
RI									
SC					<u> </u>				
SD									
TN			Vouvertible						
TX	)	X	souvervible Socrivies (m)	) 2	35,000	0	0		X
UT									
VT									
VA									
WA									
WV									
WI									

APPENDIX									
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	and aggregate offering price Type of investor and offered in state amount purchased in State					ification ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									